Internalized Transphobia, Minority Stress, and Collective Self-Esteem

A Senior Honors Thesis

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by
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Abstract

Minority stress occurs when negative societal views (e.g. transphobia) are internalized and it is expressed in the transgender population as difficulty with interpersonal relationships, depressive symptoms, and lower self-esteem. To our knowledge, only one study - using exclusively male-to-female (MtF) participants - has explored collective self-esteem (CSE) and minority stress in the transgender community. Differences between MtF and female-to-male (FtM) individuals (e.g., visibility, discrimination, and age of transition) may limit the generalizability of such research to FtM individuals. The current study extends the earlier design to the FtM population and further explores the relationships among internalized transphobia, effects/beliefs related to trans-status, collective, and global self-esteem. Data were collected online using Survey Monkey. Recruitment occurred at a transgender conference, internet postings through social media (i.e., Facebook, Tumblr and Livejournal), and word of mouth. The sample included 108 individuals who self-identified on the transgender spectrum, consisting of 79 natal females (FtM; mean age 25.09, *SD* = 8.01) and 29 natal males (MtF; mean age 42.22, *SD* = 13.27). Multiple important differences between MtF and FtM participants were found in addition to differences between this sample and the earlier study, suggesting that the previous strategies of participant recruitment and inclusion of exclusively MtF subjects are inadequate to ensure generalizability. Further analysis, results, and conclusions are discussed, along with suggestions for future research.

Keywords: Self-Esteem, Transgender, FtM, MtF, Transphobia, Transition

Internalized Transphobia, Minority Stress, and Collective Self-Esteem

The term transgender is an umbrella term for those whose gender identity or expression differs from their biological birth sex; it is a way to define individuals who fall outside of the dichotomy of the societal definitions of male and female (American Psychological Association, 2006). A number of terms fall into this broad category such as: transsexual, cross-dresser, gender queer, drag king, drag queen, and intersex. Although falling under the broad category of transgender, each term has its own individual definition (Grossman & D'Augelli, 2007). Transgender individuals are commonly viewed as a part of the lesbian, gay, and bisexual (LGB) community, forming the commonly known acronym LGBT. However, inclusion of transgender individuals within the sexual orientation political movement, and at social or cultural gay/lesbian events is highly debated (Lev, 2004). This is due to the division of sexual orientation and gender identity, which, though correlated, are different constructs (Diamond, 2002). Whereas sexual orientation refers to one's emotional, romantic and sexual attraction to others, gender identity refers to the person's relationship to their gender and is largely independent of orientation. It is important to make the distinction between sex and gender. Sex is biological and physical (e.g., chromosomes, hormones, gonads), while gender is psychologically and socially constructed (APA, 2006; Striker & Whittle, 2006). For transgender individuals, gender is not congruent with sex. In order to align sex and gender a transgender individual may or may not undergo medical treatment, such as hormones or surgery.

Gender Identity Disorder (GID), the term used to diagnose transsexuals, was introduced in 1980 into the DSM-III (Meyer et al., 2002), though it is clear occurrences of gender variance date back as far as the first accounts of the human race. Documentation also exists in the

scientific literature from the beginning of psychology. Historical writings dating from 1850, described individuals who cross-dressed, or "turned" into the opposite sex (Feinberg, 1996). In 1877, Richard von Krafft-Ebing described a case of "gynandry", which he defined in his book, *Psychopathia Sexualis* as "…women of this type possesses of the feminine qualities only the genital organs; thought, sentiment, action, even external appearance are those of the man." (p. 399). The individual in the case, Count Sandor, exhibited masculine traits as a young child and was permitted by her parents to dress and interact as male. Attracted to women and repulsed by her female anatomy, she bound her breasts and created the appearance of a masculine bulge by stuffing gloves or handkerchiefs in her pants. It was noted that Sandor had difficulty interacting as female and would "become more open, more communicative, more free, as soon as she was treated like a man"(Krafft-Ebing, 1906, p. 434). In modern terms, this individual would most likely be considered a female-to-male (FtM) transsexual (Striker & Whittle, 2006). Magnus Hirschfeld first used the term transsexual in the professional literature in 1923 (Cohen-Kettenis & Gooren, 1999). A term later popularized by Harry Benjamin, when he published *The Transsexual Phenomenon* (Benjamin, 1966). Interestingly, in the book, Dr. Benjamin devoted forty-seven pages to discussing transgender women (during that time, male-to-females (MtF) were described as "male transsexuals") and only five pages to transgender males (FtM).

The focus on MtF transsexuals has continued in research, while FtMs are largely ignored or marginalized. This disparity may be that the reported prevalence of MtFs is higher. Based on data from smaller countries in Europe, the DSM-IV estimates that 1 in 30,000 are MtF and 1 in 100,000 are FtM (APA, 2000). Although the numbers vary across studies, MtF transsexuals are consistently estimated to be more prevalent (Cohen-Kettenis & Gooren, 1999; Sánchez & Vilain, 2009; Zucker & Lawrence, 2009). Conversely, a study in Belgium found that 1 in 12,900 were

MtF while 1 in 33,800 were FtM (De Cuypere, Van Hemelrijck, Michel, Carael, & Heylens, 2007). The numbers are debated, as it is difficult to acquire reliable data, in part due to the discrimination transgender individuals face, making these individuals less likely to volunteer for research participation. De Cuypere et al. (2007) argue that the amount of discrimination in relation to prevalence is demonstrated by their finding of a significantly lower prevalence in Wallonia, Belgium, where discrimination is high, than in Flanders, Belgium, where discrimination is lower. Also, reported prevalence may be higher as most data is obtained at transgender conferences, hospital and university-based clinics, or utilizing snowball techniques. By collecting data primarily from these locations, transgender individuals who don't attend conferences, desire hormones or surgery, or who obtain hormones from the streets, as well as those with minimal connection with the transgender community wouldn't be accounted for using these methods. Individuals who have transitioned and no longer consider themselves transgender and those who are not ready to disclose their gender variance will also be missed. (Matsumoto, Sato, Ohnishi, Kishimoto, Terada, & Kuroda, 2009; Zucker & Lawrence, 2009)

The second reason for a focus on transgender women (MtF) may be because MtFs generally have a harder time *passing*, or being perceived by society as the sex with which the individual identifies (Lev, 2004). Transgender women who transition later in life experience difficulty passing because of the secondary sex characteristics produced by testosterone, such as: facial hair, deeper voice, heavier bone structure, and increased body hair. These sex characteristics are immutable and will not dissipate with only estrogen use. To minimize the typical male secondary sex characteristics additional medical procedures or treatment may be needed, increasing MtFs contact with hospitals and clinics. For transgender males (FtMs), the effects of

testosterone typically allow the individual to pass more easily, generally requiring less contact with medical professionals.

Societal acceptance of gender variance may also play a role. Although female children display more cross-gender behavior, male children are more likely to be referred to mental health professionals for gender identity concerns (Möller, Schreier, Li, & Romer, 2009). Despite being referred at higher rates as children, studies have shown MtF respondents to be consistently older than FtM respondents (Kenagy & Bostwick, 2005; Maguen, Shipard, Harris, & Welch, 2007; Zucker & Lawrence, 2009). A comparison of MtF and FtM transsexuals found a trend in FtM individuals wearing clothes of the gender with which they identified, changing their legal name, undergoing hormonal treatment, and having surgery earlier than MtF transsexuals (Vocks, Stahn, Loenser, & Legenbauer, 2009). Zucker and Lawrence (2009) state later transition in natal males may be partly due to sexual orientation, citing Blanchard (1994) who found that MtFs who are attracted to men transition earlier than those who are attracted to women.

Because of increased visibility and societal rigidity of gender appropriate behaviors for natal males, discrimination and violence against transgender women is more prevalent. Stotzer (2009) reviewed U.S. data on violence against transgender people and reported that MtFs were almost twice as likely to be victims of sexual violence and violence in the home than FtMs (63.7% vs. 38.7%). Interestingly, although the FtM population faces less reported physical violence than the MtF population a study by Kenagy and Bostwick (2005) found that 85% of FtMs felt unsafe in public while only 43% of the MtFs endorsed this sentiment. Seventy-three percent of FtMs said they felt uncomfortable in public versus 30% of MtFs (also see Lombardi, Wilchins, Priesting, & Malouf, 2001). The decrease in sense of safety and comfort in public for

FtMs may be related to socialization, given that FtMs are socialized as girls (Katz, Joiner, & Kwon, 2002).

Minority stress may also contribute to feelings of discomfort and safety in FtMs despite not experiencing violence themselves. Minority stress can occur whether or not discrimination is experienced first-hand and is defined as psychological distress due to fear of discrimination based on characteristics shared with a targeted group (Frost & Meyer, 2009; Sánchez & Vilain, 2009). Numerous studies have shown the negative effects of minority stress in ethnic, sexual, and gender minorities. For example, minority stress has been related to difficulty with interpersonal relationships, depression symptoms, and lower self-esteem, particularly when negative societal views (e.g. racism, homophobia, transphobia, misogyny) of the group are internalized (Fischer & Holz, 2007; Frost & Meyer, 2009; Liang & Fassinger, 2008; Ross & Rosser, 1996).

High rates of suicidal ideation and attempts associated to gender-related distress or discrimination suggest the negative psychological effects from minority stress within the transgender population(Clements-Nolle, Marx, & Katz, 2006; Grossman & D'Augelli, 2007) . Lower global self-esteem has been also found as an effect of belonging to a devalued social group (Katz et al., 2002). Global self-esteem is defined as an individual's personal self-esteem and how they feel about him or herself overall. In transgender youth, poorer peer relationships and general behavior problems have also been reported; although, it may not all be related to transphobia and societal discrimination. Bockting (2009) notes that negative outcomes for transgender individuals may be due to the combination of societal stigma and internal conflict between the individual's birth and gender identity, not exclusively one or the other. A recent study by the National Center for Transgender Equality (Grant, Mottet, Tanis, Harrison, Herman,

& Keisling, 2011) found the attempted suicide rate to be 41% in the transgender community compared to 1.6% of the general population. This rate increases for those who were fired due to their gender status (55%), experienced harassment in school (51%), physical (61%), or sexual assault (64%).

Researchers interested in minority stress have focused on positive collective self-esteem as one way for individuals to cope with discrimination (Crocker & Luhtanen, 1990; Katz et al., 2002; Sánchez & Vilain, 2009). Collective self-esteem refers to how an individual identifies and evaluates the social groups to which they belong. Katz et al. (2002) developed a model in which three pathways put members of a devalued social group at higher risk for distress. One pathway was internalizing negative stereotypes from society, which negatively impacted the individual's evaluation of himself or herself. Sánchez and Vilain (2009) have conducted one of the few studies to examine collective self-esteem in the transgender population. Their study looked at collective self-esteem as a coping resource for MtF transsexuals. In a sample of 53 self-identified MtF transsexuals, Sánchez and Vilain found the more positively one felt about belonging to the transgender community (CSES-Membership), the less psychological distress they reported. In addition, a feeling of fear due to gender identity was associated with higher levels of distress. A linear combination of the factors accounted for 44% of the distress score variance, but only fear related to a transsexual identity was a significant predictor of distress.

We were interested in replicating Sánchez and Vilain's (2009) study and extending it to the FtM population as well as further exploring the effects of internalized transphobia and differences between those on the FtM and MtF-spectrum. We did not expect to find a significant difference from Sánchez and Vilain's, so we hypothesized that the better an individual felt about belonging to the transgender community, the less psychological stress they would report. Given

that those on the FtM-spectrum generally pass better, we hypothesized that the FtM-spectrum group would perceive the public as judging the transgender community more positively. We expected a correlation between fears related to their gender and perceptions of the general population's feelings about the transgender community. Those who reported that others viewed the transgender community positively would report fewer fears related to their gender and would report more positive feelings about belonging to the transgender community. Finally, we expected that high self-esteem would correlate with more steps taken towards coping and gender reorientation efforts.

Method

Participants

Inclusion criteria included the requirement that each participant be at least 18 years old and self-identify as transgender. The sample included individuals who self-identify on the transgender spectrum (N = 108; n = 79 assigned female at birth, n = 29 assigned male at birth). The average age was 29.63 years (*SD* = 12.25; range = 18 - 63). The majority of the sample identified as White/non-Latino (n = 88, 81.5%), with 7 (6.5%) identifying as Multiracial or Mixed Race, 6 (5.6%) identifying as Black or African American, 3 (2.8%) identifying as Asian or Pacific Islander, and 2 (1.9%) identifying as Hispanic or Latino. Two (1.9%) did not respond. In terms of education, 51 (47.2%) participants had one or more years of college with no degree and 27 (25%) had at least a bachelor's degree. The median household income range was $40,000 - $49,999. Participant's sexual orientation was defined as their current self-identification on the Klein Scale, and they were allowed to endorse more than one identity. Fifty-one (51.5%) identified as queer, 22 (22%) identified as heterosexual, 20 (20.2%) identified

as bi, 14 (14.1%) identified as lesbian, and 12 (12.2%) identified as gay. Complete demographics of the sample are shown in Table 1 and Figure 1. In terms of steps taken towards transitioning, fifty-three (51%) participants had taken hormones (FtM = 35; MtF = 18), and 28 (27%) indicated they would like to be on hormones someday (FtM = 20; MtF = 8). Twenty (19%) participants were unsure or did not want hormones (FtM = 18; MtF = 2).

Measures

The Collective Self-Esteem Scale (CSES; Luhtanen & Crocker, 1992). The CSES is a 16-item scale, which measures an individual's thoughts and feelings associated with their social group on a Likert scale ranging from 1 (*strongly disagree)* to 7 (*strongly agree*). The CSES is broken evenly into four subscales. The subscales are: (1) *Membership*, how "good or worthy" participants feel about belonging to a particular social group; (2) *Private*, how the respondent views his or her social group; (3) *Public*, how the respondent perceives how society judges the social group; and (4) *Identity*, how important one's social group is to his or her self-concept. Higher scores indicate higher collective self-esteem. Luhtanen and Crocker (1992) found good internal consistency (coefficient α range = .71 -.88) in a series of three studies, suggesting good inter-item reliability. They also demonstrated that wording for specific groups, such as racial or ethnic groups, did not affect the psychometric properties and validity was maintained; this was supported by other studies (e.g. Liang & Fassinger, 2008).

Transgender Adaptation and Integration Measure (TG AIM; Sjoberg, Walch, & Stanny, 2006). The TG AIM is a 15-item, 4-point Likert scale used to measure adjustment for transgender adults comprised of three factors, (1) *Gender-Related Fears; (2) Psychosocial Impact of Gender Status*; (3) *Coping and Gender Reorientation Efforts*. Higher scores on *Gender-Related Fear* and

Psychosocial Impact of Gender Status suggest better psychological functioning and less fear related to being transgender. Higher scores on *Coping and Gender Reorientation Efforts* indicate that they have taken steps towards transitioning or have thought more about transitioning. Internal consistency ranged from .59 -.81 for the scales, suggesting adequate to good inter-item reliability. The authors provide evidence of convergent validity through relations with the Rosenberg Self-Esteem Scale and a Quality of Life Scale.

Quality of Life Enjoyment and Satisfaction Questionnaire- Short Form (Q-LES-Q-SF; Endicott, Nee, Harrison, & Blumenthal, 1993). The Q-LES-Q-SF is a 16-item scale widely used to measure life satisfaction with physical health, subjective feelings, work, household duties, school, leisure activities, and social relationships. The items are rated on a 1-5 Likert scale, with a higher score being indicative of higher life satisfaction. The short form of the Q-LES-Q contains the same questions as the general activities section of the full-length Q-LES-Q and is correlated with the other subscales at an adequate to good level (*r'*s = .41- .62). Endicott et al. also found high internal consistency (coefficient α's ranging from .82 - .93).

Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1989). The RSE is a 10-item scale with items answered on a four-point Likert scale ranging from *strongly agree* to *strongly disagree*. A higher score on the RSE indicated greater self-esteem. The RSE is a widely used measure of global self-esteem with its validity and reliability well established.

UCLA Loneliness Scale (Russell, 1996). The UCLA Loneliness Scale is a 20-item scale with items rated on a five-point Likert scale ranging from *never* to *rarely*. Participants indicate how

often they feel a certain way (e.g., "How often do you feel that there are people you can turn to?"). The authors found high internal consistency (coefficient α's = .89 - .94) and test-retest reliability over a one-year period (r = .73).

Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988). The PANAS is a widely used and well-validated measure of positive and negative affect. It is a 20-item scale consisting of two 10-item affect scales. Using a 5-point Likert scale, the participant indicates to what extent they are feeling the given affective word at the time. Watson et al. found low intercorrelation between the Positive and Negative affect scales (r = -.15), and high internal consistency reliabilities (PA, coefficient α = .89; NA, coefficient α = .85).

The Klein Sexual Orientation Grid (KSOG; Klein, Sepekoff, & Wolf, 1985). The KSOG is frequently used in sexuality research. It was created to extend the Kinsey Scale, taking into account the fluidity of sexual orientation. The KSOG measures sexual orientation based on past, present and current attraction, behavior, fantasies, emotional and social preference, lifestyle, and self-identification. Some literature suggests that sexual orientation may shift during the course of transition. With this in mind, an adaptation was made so that "past" referred to pre-transition (Bockting, Benner, & Coleman, 2009).

Measurement of Transphobia Scale (K. Kosenko, personal communication, June 24, 2010). In order to reduce the number of overall and repetitive questions, we used only some questions from the Measurement of Transphobia Scale. The creation of this scale utilized the *Internalized Homophobia Scale* (IHS) adapted from Ross and Rosser (1996). The IHS was created to

measure internalized homophobia by men who have sex with men, and is comprised of four dimensions (public identification, perception of stigma, social comfort with gay men, and moral and religious acceptability). The scale has good internal reliability (coefficient α's =.62 -.85) and the total of the four factors accounted for 45.1% of the variance in internalized homophobia.

Procedure

This study is a between-subjects, cross-sectional design using survey data. Initial recruitment took place at the 3rd Annual TransOhio Conference hosted at The Ohio State University's Student Union (Columbus, Ohio). Study personnel passed out recruitment flyers and recorded email addresses for interested parties at the conference. An e-mail containing an URL link with a unique code was sent to individuals who indicated interest. Additional recruitment methods included: word of mouth, passing out flyers to a human sexuality class at the same university, online postings on TransOhio's website and social networking sites (e.g. Facebook, Livejournal, and Tumblr). These posts included the e-mail of the study, and directed interested individuals to contact study personnel to obtain a link to the study. The URL in the e-mail connected the participants to the consent form and then survey questions. Participation took approximately 30 - 45 minutes to complete the online survey. Each participant was given the opportunity to enter a drawing to win one of eight $25 gift cards. The measures were partially counter-balanced to control for order effects. On each page of the survey, there was a button allowing the subject to exit the survey, thus ensuring their ability to withdraw without penalty at any time. Participants who did not complete the survey were still given the option to enter the drawing. After pressing the "Done" button at the end of the survey, participants were presented with a debriefing form that included transgender resource information for any participant who

desired it. One hundred and forty-three e-mails were sent out, with 108 individuals completing the survey (75% completion rate).

Results

Descriptive statistics and patterns of relationships among the variables using correlations were examined to ensure that relationships were in the predicted directions and the means and standard deviations were within the ranges expected based on previous research. Predicted directional relationships were found between: CSES-Private and RSE; Negative Affect and UCLA Loneliness; Positive Affect and RSE; Q-LES-Q-SF and RSE; and Q-LES-Q-SF and Positive Affect. CSES-Private and RSE were significantly correlated in the total sample, $r(99) = .303$, $p = .002$ and MtF-spectrum group, $r(25) = .679$, $p < .0001$, but not in the FtM-spectrum group, $r(72) = .120$, $p = .310$. Negative Affect and the UCLA Loneliness scale were significantly correlated in the total sample, $r(96) = .453$, $p < .0001$, FtM-spectrum group, $r(70) = .462$, $p < .0001$, and MtF-spectrum group, $r(24) = .452$, $p = .021$. Significant correlations among Positive Affect, RSE, and Q-LES-Q-SF were also found in the total, FtM and, MtF-spectrum groups. The means, standard deviations, and zero-order correlations between study variables for all groups are provided in Tables 2-4, respectively.

The results for our hypotheses were mixed. We found that the better an individual felt about belonging to the transgender community (CSES-Private), the less they felt their transgender status impacted their psychosocial functioning (TG AIM- Psychosocial Impact) in the total sample, $r(99) = -.23$, $p = .023$, and the MtF-spectrum group, $r(26) = .58$, $p = .001$, but not in the FtM-spectrum group, $r(71) = .05$, $p = .672$. Our hypothesis that there would be a positive correlation between perception of the general population's feelings about the transgender community (CSES-Public) and fears related to their gender identity (TG AIM-Gender-related

Fears) was found in the total sample, $r(100) = .30$, $p = .002$, and the FtM-spectrum group, $r(71) = .35$, $p = .003$, but not in the MtF-spectrum group, $r(27) = .25$, $p = .187$. Our hypothesis that those on FtM-spectrum group would rate the general public as perceiving the transgender community more favorably was supported, $t(103) = 2.84$, $p = .005$ (Table 5). The hypothesized positive correlation between global self-esteem (RSE) and steps taken towards coping and gender reorientation efforts (TG AIM- Coping and Gender Reorientation Efforts) was not significant in any of the analyses (Tables 2-4).

Replication of CSES

Sánchez and Vilain (2009) found the averages on the CSES subscales to be: Membership ($M = 23.64$, $SD = 4.71$), Public ($M = 17.53$, $SD = 4.89$), Identity ($M = 14.64$, $SD = 6.40$), and Private ($M = 22.06$, $SD = 6.55$). A comparison of the means yielded no differences between the MtF-spectrum group and Sánchez and Vilain's sample on one of the four subscales, (Private, $t(27) = -0.96$, $p = .357$). However, significant differences were found on the remaining three subscales. Our MtF-spectrum sample scored significantly lower on Membership, $t(27) = -2.44$, $p = .022$, and Public, $t(28) = -7.76$, $p < .0001$, and higher on Identity, $t(27) = 3.48$, $p = .002$. The FtM-spectrum group was significantly different from Sánchez and Vilain's sample on all four of the subscales, scoring lower on Private, $t(74) = -2.03$, $p = .046$, Membership, $t(75) = -6.87$, $p < .0001$, and Public, $t(75) = -5.05$, $p < .0001$, subscales, but higher on the Identity subscale, $t(75) = 4.34$, $p < .0001$. Cronbach α's for these scales can be found in Table 5.

Replication of TG AIM

Sjoberg et al. (2006) found the average TG AIM-Total score to be 25.4 ($SD = 6.7$). The three subscales means were: Coping and Gender Reorientation Efforts ($M = 12.1$, $SD = 4.3$), Psychosocial Impact of Gender Status ($M = 6.4$, $SD = 2.9$), and Gender-Related Fears ($M = 7.0$,

SD = 3.6). In a comparison of means, no significant differences on the TG AIM-Total or subscales were found between the Sjoberg et al. sample and our MtF-spectrum group. However, significant differences were found between Sjoberg et al.'s sample and our FtM-spectrum group on the TG AIM-Total, $t(70) = -2.82$, $p = .006$, and Coping and Gender Reorientation Efforts subscale, $t(72) = -4.31$, $p < .0001$, with those in the FtM-spectrum group receiving lower scores. Overall, this indicates that those in the FtM-spectrum had taken fewer steps or had fewer intentions towards altering or adjusting to their gender status.

Sánchez and Vilain (2009) measured only the Psychosocial Impact (*M* = 4.92, *SD* = 3.05) and Gender-Related Fears (*M* = 6.32, *SD* = 4.54) subscales of the TG AIM. Higher scores on these scales in Sjoberg et al. (2006) and the current study indicated less fear and psychological distress (i.e., better functioning). However, Sánchez and Vilain reversed the scales, so that a higher score indicated more fear and psychological distress. Thus, to compare means in our sample to the Sánchez and Vilain sample, we had to calculate the inverse scales as well. Using these inverse scales, our sample reported higher levels of psychosocial impact than both previous samples, but no differences when compared to MtF or FtM-spectrum groups. On the TG AIM-Gender-Related Fears, there was no significant difference between their sample and the MtF-spectrum group (*M* = 7.55, *SD* = 3.84; $t(28) = 1.73$, $p = .095$). However, our FtM-spectrum group (*M* = 7.74, *SD* = 3.58; $t(72) = 3.39$, $p = .001$) reported more fears related to their gender status than the Sánchez and Vilain sample did. See Table 6 for a comparison of the current study, Sjoberg et al., and Sánchez and Vilain.

Group Differences

In addition to differences between age, we found that individuals on the FtM-spectrum began taking steps toward transitioning at an earlier age then those on the MtF-spectrum in the

following areas: asking people to use their the preferred name, $t(29.18) = -4.41$, $p < .0001$, and gender, $t(28.5) = -4.89$, $p < .0001$, beginning to use the restroom of the gender they identified, $t(30.18) = -4.23$, $p < .0001$, introducing themselves to strangers with their preferred name, $t(31.54) = -5.36$, $p < .0001$, and telling family, $t(29.40) = -3.48$, $p = .002$, and friends, $t(27.83) = -4.76$, $p < .0001$, about their transgender status. No significant difference was found in the age they started to wear clothes of their identified gender, or began binding (FtM-spectrum) or wearing padded bras (MtF-spectrum).

CSES

Independent-samples t-tests were conducted to compare the sample means of the MtF and FtM-spectrum groups on the CSES subscales. Assumption of homogeneity of variance was met on all four of the subscales. The FtM-spectrum group scored significantly higher on the Public subscale, $t(103) = 2.84$, $p = .005$. Significant group differences were not found on the Membership, $t(102) = -1.17$, $p = .245$, Identity, $t(102) = -.76$, $p = .45$, or Private, $t(101) = -.18$, $p = .86$, subscales.

TG AIM

Independent-samples t-tests were conducted to compare the sample means of the TG AIM in the MtF and FtM-spectrum groups. Assumption of homogeneity of variance was met on the TG AIM-Total, Reorientation, and Gender-related Fears subscales. Assumption of homogeneity of variance was not met for the Psychosocial Impact subscale, so the SPSS-suggested *df* correction was used for that subscale. The MtF-spectrum group scored significantly higher than the FtM-spectrum group on the Reorientation subscale, $t(99) = -2.92$, $p = .004$. No significant group differences were found between the two groups on the TG AIM-Total, $t(97) = -$

1.65, $p = .103$, Psychosocial Impact, $t(43.35) = -.14$, $p = .89$, or Gender-related Fears, $t(100) = -.23$, $p = .82$, subscales.

PANAS

Independent-samples t-tests were conducted to compare the sample means of the PANAS in the MtF and FtM-spectrum groups. Assumption of homogeneity of variance was met for Positive Affect, but not Negative Affect; again, the SPSS-suggested *df* correction was applied for this test. The MtF-spectrum group was significantly higher in Positive Affect, $t(102) = -3.89$, $p < .0001$, than the FtM-spectrum group. There was no significant difference between the groups on Negative Affect, $t(37.77) = -1.04$, $p = .31$.

Group differences between the FtM and MtF-spectrum groups were also explored on the remaining measures, but no significant differences were found (see Table 5).

Reliability

Reliability of internal consistency was assessed using Cronbach's coefficient alpha on all the measures, and is listed in Table 5.

Correlation Patterns

Correlations between the CSES and TG AIM subscales were run. In our MtF-spectrum group both feeling like an worthwhile member of the transgender community (CSES-Membership; $r(26) = .59$, $p = .001$) and feeling good about being part of the transgender community (CSES-Private; $r(26) = .58$, $p = .001$) correlated with better psychological functioning (TG AIM-PSSO). These correlations were not found in the FtM-spectrum group. In the FtM-spectrum group better psychological functioning correlated with decreased importance of one's transgender identity (CSES-ID; $r(72) = .28$, $p = .018$). Additionally, in the FtM-spectrum group, the perception of how the general population perceives the transgender

community (CSES-Public) was correlated with fears related to transgender identity (TG AIM - Gender-related Fears), $r(71) = .35$, $p = .003$, such that the more positively they reported others' view of the transgender community, the fewer gender-related fears they had. Sánchez and Vilain reported a similar magnitude correlation, $r = -.23$, $p < .05$ (their correlation is negative due to their reverse scoring), but the correlation between these variables was non-significant in our MtF spectrum group.

To examine more closely the different correlation patterns between the FtM and MtF-spectrum groups, an *r* to *z* transformation was calculated using *VassarStats: Statistical Computation Website* (Lowry, 2009). Significant positive correlations between Internalized Transphobia and RSE were found in both groups (MtF-spectrum group, $r(26) = .72$, $p < .0001$; FtM-spectrum group, $r(69) = .38$, $p = .001$), and there was a significant difference between the magnitudes of these correlations ($Z = -2.17$, $p = .03$), with a significantly stronger correlation in the FtM-spectrum group. In terms of RSE and Quality of Life, the correlation was significantly stronger in the MtF-spectrum group ($Z = -2.49$, $p < .05$).

Discussion

One of the purposes of this study was to assess whether Sánchez and Vilain's (2009) results could be generalized to those on the FtM-spectrum. We were interested in replication and extension of their findings, as well as further exploring the effects of internalized transphobia and differences between those on the FtM and MtF-spectrum. Overall, pattern differences in correlations suggest that research using an MtF sample cannot generalize to the FtM-spectrum.

The significant correlation between how an individual felt about belonging to the transgender community (CSES-Private) and global self-esteem (RSE) in the total sample was

influenced by the strong significant correlation in the MtF-spectrum group, as the FtM-spectrum group had a weaker and non-significant correlation. The groups did not differ significantly on their global self-esteem scores or how an individual felt about belonging to the transgender community (CSES-Private). Those on the MtF-spectrum who felt good about belonging to the transgender community also tended to have higher personal self-esteem. This was expected; if an individual feels good about the community they are part of, they are likely to have higher self-esteem. What was interesting was that this was not true for the FtM-spectrum group, indicating that feeling good about belonging to the transgender community didn't affect their self-esteem as much as those on the MtF-spectrum. This may be due to a number of interconnected reasons. First, our FtM-spectrum group was significantly younger than our MtF-spectrum group and societal expectations of adherence to typical gender roles and media portrayal of the transgender community have changed. By virtue of being younger, the FtM-spectrum group may have experienced less negative feedback across their lives related to their gender identity than the MtF spectrum group. In general, females are given more permission to express cross-gender behavior than males, which combined with their younger age, may explain some of the differences in importance of self-esteem and sense of group belonging.

For those in the FtM-spectrum group, their perception of how the general population perceives the transgender community and fears related to their transgender identity may also be due to age and stage in transition. A majority of this group was young and still in college. Therefore, although they reported that others viewed the transgender population more positively, they may have more anxiety related to disclosing their transgender status. Because of the effects of testosterone, FtMs are able to pass (being perceived by others as the gender they identify as)

more easily and their gender status is not as visible. Therefore, when they meet a new individual they must make the decision whether or not to disclose their transgender status.

The significant positive correlations between NA and the UCLA Loneliness scale found in the total sample and both groups was also expected; it makes sense that those who feel lonely are higher in negative affect. Past research supports the correlation between negative affect and loneliness (e.g., Frable, Platt, & Hoey, 1998).

One of the main goals of this study was to explore whether studies on MtFs can be generalized to FtMs, given significant anecdotal differences between the two groups' experiences. In the portion of our study that replicated Sánchez and Vilain's (2009), we found that neither our FtM nor MtF-spectrum groups felt as though they were as active and useful to the transgender community (CSES-Membership). This difference could be attributed to recruitment differences. Sánchez and Vilain's entire sample came from two transgender conferences. Presence at the conference, engaging in workshops, and transgender-related activities may have increased the participants' feelings of transgender membership. Although we also recruited at a transgender conference, our survey was completed away from the conference and a majority of our sample came from online postings. So, while our sample may have felt as though they were worthwhile members of the community, their scores may have been skewed by some questions on the subscale (i.e., I am a cooperative participant in the activities of the transgender community).

The differing methodology may also explain the differences in how our sample perceived the public's opinion of the transgender community (CSES-Public). Sánchez and Vilain's sample had a more positive perception of how the general population felt about the transgender community than the MtF-spectrum group in our study, whose scores indicated that they

disagreed somewhat that others view the transgender community positively. Our FtM-spectrum group was in the middle, reporting more neutrality about the general population's perception. Individuals at transgender conferences are surrounded by positive interactions with others who are aware of their transgender status, but are not necessarily transgender themselves. For example, employees of the hotel and conference centers are likely to be knowledgeable about the event and have a professional duty to provide polite, positive service. Negative interactions the participants may endure at home, such as gawking, incorrect pronoun use, and questioning of their identity may not occur as frequently. Because our sample participants were not in the conference setting, they would be subject to a more "everyday" environment than those at a specialized conference. Not only was our sample significantly different from Sánchez and Vilain, our groups were significantly different from each other. The perception of the general population viewing the transgender community negatively by the MtF-spectrum is, unfortunately, to be expected given the higher rates of discrimination and victimization towards transgender women (e.g., Grant et al., 2011). As mentioned previously, age and growing acceptance among non-gender variant peers may have played a factor as well, as our FtM-spectrum group was significantly younger. Exploratory partial correlation was run finding that the correlation within each group did not change when accounting for age. However, future analyses would want to control for this variable.

In terms of salience of one's transgender status to their identity (CSES-Identity), both of our groups reported a greater importance of their transgender identity than Sánchez and Vilain's sample, which was neutral. The difference may be related to study criteria, age, and time since transitioning. Sánchez and Vilain's sample was significantly older than both of our groups and consisted of only transsexual women, who, on average, had been living full-time as women for

approximately 6 years. In contrast, our sample included anyone who identified on the transgender-spectrum, and may be earlier in his or her transition. By expanding our sample to include others besides those who identify as transsexual, we allowed for greater inclusiveness and, given the temporal aspect of labels during the course of transition, may be more representative of the actual population. Further exploration of the changes to one's importance of transgender identity in relation to years since transitioning may be an important construct within this minority. The differences may also be related to recruitment, as the majority of our sample was from online groups. Individuals who find a construct important to their self-identity may be more likely to actively engage in online groups and even more to likely to respond to survey information than those whose transgender status is not as salient. It may be helpful, although difficult, to recruit outside of transgender specific areas, even online.

Frable, Platt, and Hoey (1998) administered the CSES to students in concealable and visible valued groups, and those with concealable and visible stigmas. They found that those in the valued groups rated their group membership as a less important part of their self-concept than those in the stigmatized groups and found that those with concealable stigmas (i.e., gay or lesbian, low socioeconomic class, eating disorders) had lower self-esteem, greater negative affect and less social confidence than those with visible stigmas. Additionally, they experienced greater anxiety and depression than those with visible stigmas when with nonsimilar others. This stress may be related to fear of how the individual would treat them if they knew of their status, and further perpetuating the negative ideas internalized about the group. When a visible transgender individual or person with another type of visible stigma interacts with dissimilar others, they do not necessarily need worry about how the person would react, as they are able to gauge the person's reaction immediately. Their study also found that the concealable

stigmatized group spent less time with similar others than the visible stigma group. This may be due to the ease of finding similar others for those who are visibly transgender. This may be an explanation for why for MtFs group membership played a more important role in serving as a buffer for them. So it appears as though those with visible stigmas may spend time with similar others in order to offset minority stress. However, Frable et al. also found that during the rare occasions when those with concealable stigmas were with similar others they experienced a boost in self-esteem and mood. Given that FtMs are generally able to pass better in society, they may buffer themselves from minority stress, distancing themselves from the visible transgender population by creating an in-group of non-visible transgender people. For example, when media reports surface like the recent one in Maryland of the transgender woman who was repeatedly beaten by two patrons at McDonald's while employees recorded the assault placing transgender women in an out-group within the transgender in-group may allow nonviable individuals to distance and buffer themselves from minority stress. While MtFs who felt more of a relation to the incident banded together as a support. In our own study, exploratory analysis suggests a similar effect. In response to a question about the degree to which discrimination/violence against transgender people in the media affects them, the two groups were not significantly different on how much they were affected by media reports on FtM individuals. However, there was a significant difference on how much they were affected by media reports about violence toward MtF individuals, such that MtF individuals reported being significantly more affected by such violence than FtM individuals.

Unfortunately, acceptance by the general population towards transgender women (MtF) and men (FtM) is different. Discrimination towards transgender women and visible gender variant individuals may limit positive experiences with those outside of the community, while

transgender men are able to interact without explicit discrimination. Distancing and difficulty in finding similar others, however, may come at the cost of isolation from those that they can relate to on certain aspects of their life that most in the general population cannot.

In terms of sexual orientation, 22% of our participants indicated a heterosexual orientation. This is substantially different than the 90% heterosexual orientation reported in the general population. However, neither did our sample conform to a dichotomous gay/lesbian identity; rather, a majority identified as queer. During shifting of one's gender identity, the realization of a gray area outside of male and female may then lead to a more gray area in thinking of straight and gay. Also, previous sexual identity may play a role. For example, an FtM who has always been interested exclusively in women may have previously identified as lesbian, and may not be comfortable with a heterosexual label. The acceptance and use of the term, *queer*, was utilized more in the FtM community, most likely a function of the younger demographic of this group.

Limitations

Rosser, Oakes, Bockting, and Miner (2007) discussed the importance of using internet research to reach a national, nonclinical sample of the transgender population. They cited problems using clinical or local community samples in that they may over represent those within the population who are more visible and easily assessable to researchers (e.g., drag performers, sex workers). They also addressed the issue with recruiting using the term *transgender*, as it means something different to everyone and can be a fluid term. For example, before transitioning, an individual may identify as transsexual, but later reject the term for more general nomenclature such as, male or female. Even with our efforts to the contrary, the current study may not have escaped this limitation. In recruitment efforts, the wording, "Identify on the

Transgender Spectrum" used on the flyers may have made it difficult for us to reach individuals who at one point may have identified as transgender, or one of the subcategories under the umbrella, but no longer do. One participant responded to the survey flier stating, "… what does 'Identify on the transgender spectrum' mean?" making the complexity in wording and identity with this population evident. This individual elaborated further, "I mean, I'm a woman, and it happens that I was AMAB (Assigned Male at Birth), so it's fair to say I'm transgendered. However, while that's a very important part of my life, it's not really part of my identity. It's more of an adjective than anything else." Other methodological issues include homogeneity in race (predominantly Caucasian), older MtF-spectrum, and younger FtM-spectrum individuals. Further studies should focus on reaching a more diverse sample and younger MtF-spectrum and older FtM-spectrum individuals. Also, geographic location was not captured in our study. Therefore, we were unable to identify if we only captured an urban/suburban population. In the future, participants' location should be measured in order to assess its effect on minority stress. Word-of-mouth recruitment may be helpful in recruiting those with limited contact with the transgender community. However, word-of-mouth may still reach only a small number of individuals and diversity beyond a circle of acquaintances truncated.

Despite the limitations of this study, it does suggest important clinical implications for mental health workers involved with the transgender community and the role that they should serve for MtFs and FtMs. In a support group or group therapy setting, the differences found between MtFs and FtMs suggest that it may be beneficial to both groups to be separated by not only age, but also where on the spectrum they identify.

Future Directions

Continued research on this topic would benefit from a series of studies with fewer

measures and larger sample sizes in order to reduce fatigue and increase power in analysis. In addition, differences in how one identifies and place in transition should also be further examined. Future studies based on this research should be designed longitudinally to measure the changes in how collective self-esteem and minority stress change in relationship over time. Given the extremely strong correlations between global self-esteem and the internalized transphobia scale, measuring this again in another sample using the complete transphobia scale would be helpful in further analyzing differences between the groups and its relation to self-esteem. Assessing visibility of each individual would also be important to explore whether differences between the FtM and MtF groups on how the general population viewed the transgender community (CSES-Public) were a result of this factor. Additionally, it will be important to capture where the individual is in terms of transition (e.g., pre-transition or post transition). A study utilizing a matched-group sample approach would help further understand the differences through controlling for age, stage in transition, and visibility. A laboratory study measuring arousal levels using vignettes about discrimination towards FtMs and MtFs would also be useful to assess physiological responses in the groups and if there is indeed a difference. A study such as this would also allow the inclusion of a non-gender variant control group.

To our knowledge this is the first study of its kind. Our findings suggest that while there were differences in the means of our scores, pattern differences suggest that minority stress is present in both groups, but how FtMs and MtFs interpret and handle this stress is different. Therefore, results from studies containing only MtF participants cannot be generalized to the FtM population (or should be done so with extreme caution).

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Table 1

Demographic Characteristics as a Percentage of the Sample (Frequency in Parentheses).

Characteristic		MtF (n = 29) [a]	FtM (n = 79) [a]
Age (years)	18 – 19	0.0 (0)	17.3 (13)
	20 – 29	22.2 (6)	64.0 (48)
	30 – 39	29.6 (8)	9.3 (7)
	40 – 49	11.1 (3)	8.0 (6)
	50 – 59	25.9 (7)	1.3 (1)
	60+	11.1 (3)	0.0 (0)
Race	White, non-Hispanic	93.1 (27)	77.2 (61)
	Multiracial	3.4 (1)	7.6 (6)
	Black or African American	0.0 (0)	7.6 (6)
	Asian or Pacific Islander	0.0 (0)	3.8 (3)
	Hispanic	3.4 (1)	1.3 (1)
	Preferred not to respond	0.0 (0)	2.5 (2)
Education	High school or less	3.4 (1)	16.5 (13)
	Some college/vocational training	44.8 (13)	48.1 (38)
	Bachelor's Degree	27.6 (8)	24.1 (19)
	Graduate/Professional Degree	24.1 (7)	11.4 (9)
Employment Status	Full-time	44.8 (13)	26.6 (21)
	Part-time	6.9 (2)	13.9 (11)
	Unemployed	27.6 (8)	16.5 (13)
	On disability	6.9 (2)	1.3 (1)
	Student	10.3 (3)	41.8 (33)
	Retired	3.4 (1)	0.0 (0)
House hold Annual Income	Less than $20,000	34.5 (10)	41.8 (33)
	$20,000 - $39,000	17.2 (5)	24.1 (19)
	$40,000 - $59,000	10.3 (3)	8.9 (7)
	$60,000 - $79,000	13.8 (4)	7.6 (6)
	$80,000 - $99,000	10.3 (3)	2.5 (2)
	Greater than $100,000	13.8 (4)	10.1 (8)
Relationship Status	Single	13.8 (4)	49.4 (39)
	Partnered	27.6 (8)	39.2 (31)
	Married	34.5 (10)	8.9 (7)
	Separated	10.3 (3)	1.3 (1)
	Divorced	10.3 (3)	1.3 (1)
	Widowed	3.4 (1)	0.0 (0)
Sexual Orientation	Queer	21.4 (6)	63.4 (45)
	Gay	7.1 (2)	14.3 (10)
	Lesbian	46.4 (13)	1.4 (1)
	Bi	14.3 (4)	22.5 (16)
	Heterosexual	14.3 (4)	25.0 (18)

Note. [a]Valid Percent listed.

Table 2

Zero-Order Correlations for Total Sample

Correlations

Measures	M	SD	1	2	3	4	5	6	7	8	9	10	11	12	13
1. CSES-Mem.	19.66	5.76	-												
2. CSES-Public	13.93	4.77	.195*	-											
3. CSES-ID	17.76	5.75	.316**	-.067	-										
4. CSES-Private	21.05	4.60	.635**	.338**	.473**	-									
5. TG-Reor	10.64	4.42	.338**	-.052	.015	.112	-								
6. TG-Psso	5.83	2.89	.183	.151	-.191	.226*	-.001	-							
7. TG-GF	7.31	3.64	.221*	.302**	-.226*	.175	.303**	.504**	-						
8. TG-Total	23.67	7.85	.350**	.185	-.156	.225*	.708**	.598**	.818**	-					
9. RSE	28.63	6.11	.420**	.239*	-.146	.303**	.128	.719**	.437**	.539**	-				
10. UCLA	49.14	10.64	-.409**	-.206*	.116	-.300**	-.173	-.634**	-.500**	-.557**	-.735**	-			
11. PA	26.99	9.06	.435**	.271**	.115	.405**	.228*	.369**	.265**	.385**	.497**	-.416**	-		
12. NA	19.95	8.14	-.098	-.193	.135	-.162	-.109	-.400**	-.333**	-.350**	-.508**	.453**	-.119	-	
13. Q-LES-Q-SF	54.73	10.82	.218*	.145	-.124	.163	.242*	.595**	.428**	.542**	.609**	-.598**	.471**	-.467**	-

Note. CSES = Collective Self-Esteem Scale; TG = Transgender Adaptation and Integration Measure; Reor = Coping and Gender Reorientation Efforts; Psso = Psychosocial Impact of Gender Status; GF = Gender-Related Fears; RSE = Rosenberg Self-Esteem Scale; UCLA = UCLA Loneliness Scale; PA = Positive Affect; NA = Negative Affect; Q-LES-Q-SF = Quality of Life Enjoyment and Satisfaction Questionnaire- Short Form

*p < 0.05 **p < 0.01 level (2-tailed).

Table 3

Zero-Order Correlations for FtM Spectrum Group

			Correlations												
Variables	M	SD	1	2	3	4	5	6	7	8	9	10	11	12	1
1. CSES-Mem.	19.26	5.55	-												
2. CSES-Public	14.72	4.849	.262*	-											
3. CSES-ID	17.50	5.74	.379**	-.054	-										
4. CSES-Private	21.00	4.53	.628**	.322**	.514**	-									
5. TG – Reor	10.64	4.42	.288*	-.024	-.020	.104	-								
6. TG – Psso	5.80	2.72	-.028	.105	-.275*	.050	-.046	-							
7. TG – GF	7.26	3.58	.122	.345**	-.251*	.155	.300*	.464**	-						
8. TG – Total	22.86	7.60	.204	.212	-.241*	.140	.714**	.549**	.815**	-					
9. RSE	28.48	5.62	.269*	.242*	-.189	.120	.103	.688**	.462**	.533**	-				
10. UCLA	49.12	9.60	-.283*	-.211	.175	-.187	-.230	-.573**	-.559**	-.596**	-.672**	-			
11. Positive Affect	24.97	7.79	.386**	.449**	.076	.342**	.089	.213	.211	.222	.334**	-.292*	-		
12. Negative Affect	19.36	7.25	-.038	-.084	.085	-.055	-.206	-.461**	-.383**	-.458**	-.490**	.462**	-.029	-	
13. Q-LES-Q-SF	53.96	10.44	.006	.121	-.244*	-.025	.260*	.572**	.430**	.551**	.502**	-.548**	.288*	-.534**	-

Note. CSES = Collective Self-Esteem Scale; TG = Transgender Adaptation and Integration Measure; Reor = Coping and Gender Reorientation Efforts; Psso = Psychosocial Impact of Gender Status; GF = Gender-Related Fears; RSE = Rosenberg Self-Esteem Scale; UCLA = UCLA Loneliness Scale; PA = Positive Affect; NA = Negative Affect; Q-LES-Q-SF = Quality of Life Enjoyment and Satisfaction Questionnaire- Short Form

*p < 0.05 **p < 0.01 level (2-tailed).

Table 4

Zero-Order Correlations for MtF Spectrum Group

			Correlations												
Variables	M	SD	1	2	3	4	5	6	7	8	9	10	11	12	13
1. CSES - Mem.	20.75	6.27	-												
2. CSES-Public	11.86	3.93	.171	-											
3. CSES-ID	18.46	5.81	.145	-.031	-										
4. CSES - Private	21.18	4.87	.665**	.468*	.369	-									
5. TG – Reor	12.64	3.86	.426*	.245	-.004	.128	-								
6. TG – Psso	5.90	3.33	.586**	.318	-.020	.582**	.092	-							
7. TG – GF	7.45	3.84	.425*	.252	-.165	.215	.357	.584**	-						
8. TG – Total	25.71	8.24	.630**	.348	.006	.414*	.671**	.710**	.860**	-					
9. RSE	29.04	7.34	.702**	.326	-.070	.679**	.195	.777**	.401*	.565**	-				
10. UCLA	49.19	13.27	-.648**	-.228	.003	-.518**	-.086	-.730**	-.405*	-.517**	-.835**	-			
11. PA	32.21	10.12	.498**	.368*	.141	.602**	.263	.663**	.398*	.597**	.787**	-.651**	-		
12. NA	21.54	10.15	-.246	-.384*	.215	-.389*	-.044	-.305	-.252	-.226	-.559**	.452*	-.373	-	
13. Q-LES-Q-SF	56.69	11.68	.627**	.339	.126	.553**	.142	.643**	.421*	.507**	.812**	-.700**	.751**	-.411*	-

Note. CSES = Collective Self-Esteem Scale; TG = Transgender Adaptation and Integration Measure; Reor = Coping and Gender Reorientation Efforts; Psso = Psychosocial Impact of Gender Status; GF = Gender-Related Fears; RSE = Rosenberg Self-Esteem Scale; UCLA = UCLA Loneliness Scale; PA = Positive Affect; NA = Negative Affect; Q-LES-Q-SF = Quality of Life Enjoyment and Satisfaction Questionnaire- Short Form

*p < 0.05 **p < 0.01 level (2-tailed).

Table 5

Comparison of Means for FtM and MtF-spectrum Groups

	Gender at Birth						
	Female	Male	*t*	*df*	95% CI		α
TG AIM Total	22.86 (7.60)	25.71 (8.24)	-1.65	97	-6.30	.59	.63
Reorientation	9.88 (4.41)	12.64 (3.86)	-2.92*	99	-4.65	-.88	.75
Psychosocial Impact	5.80 (2.72)	5.90 (3.33)	-.143	43.35	-1.50	1.30	.76
Gender-Related Fears	7.26 (3.58)	7.45 (3.84)	-.234	100	-1.78	1.40	.57
CSES Membership	19.26 (5.55)	20.75 (6.27)	-1.169	102	-4.01	1.03	.84
CSES Public	14.72 (4.85)	11.86 (3.94)	2.839*	103	.86	4.86	.81
CSES Identity	17.50 (5.74)	18.46 (5.81)	-.758	102	-3.49	1.56	.81
CSES Private	21.00 (4.53)	21.18 (4.87)	-.175	101	-2.21	1.85	.79
RSE	28.48 (5.62)	29.04 (7.34)	-.409	101	-3.25	2.14	.92
UCLA	49.12 (9.60)	49.19 (13.27)	-.02	36.56	-.06	2.80	.94
Q-LES-Q-SF	53.96 (10.44)	49.19 (13.27)	-1.15	101	-2.73	2.37	.84
Positive Affect	26.99 (7.79)	32.21 (10.12)	-3.89**	102	-10.92	-3.55	.93
Negative Affect	19.36 (7.25)	21.54 (10.15)	-1.04	37.77	-6.41	2.06	.90

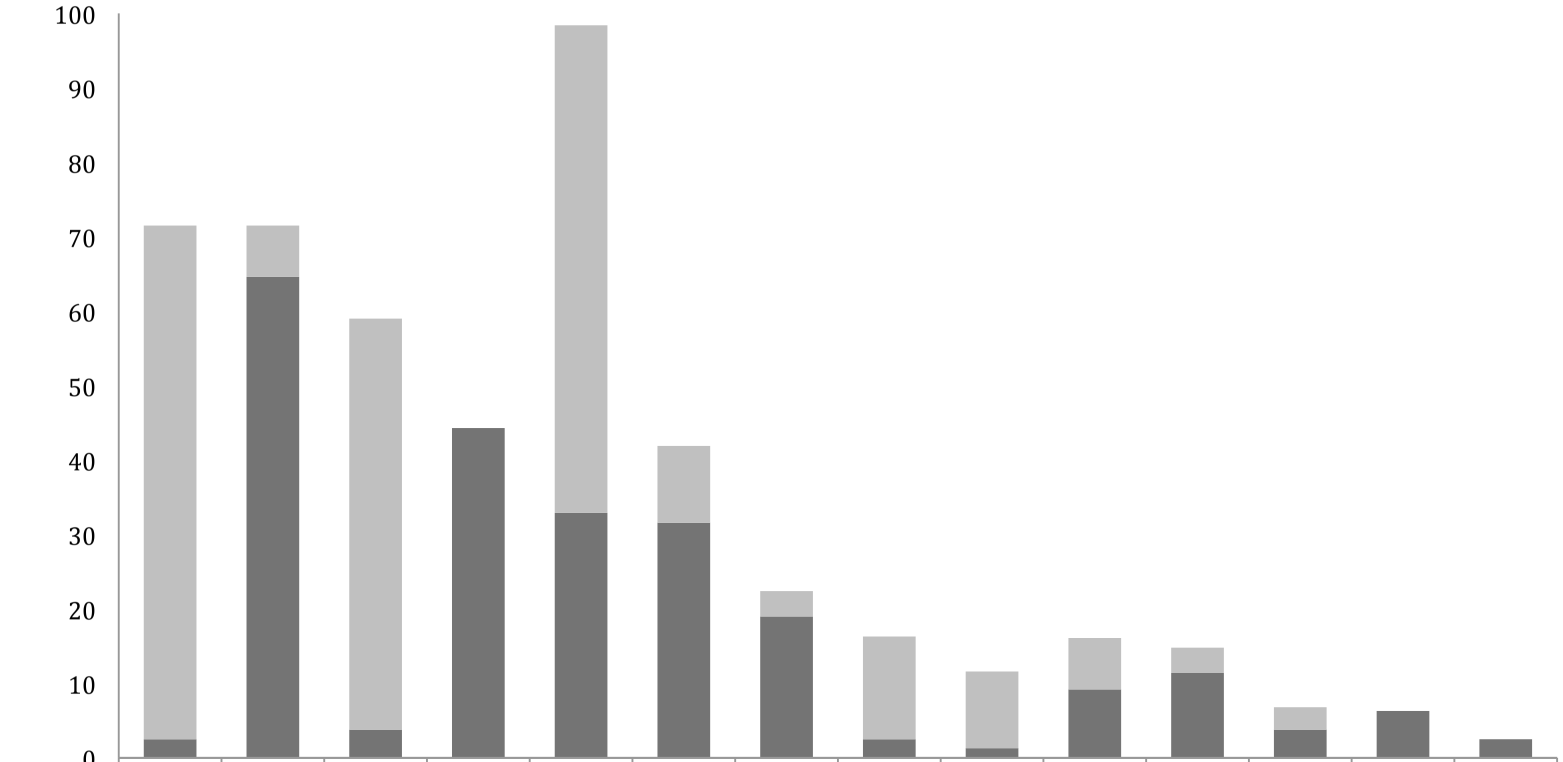
Note. Standard Deviations appear in parentheses below means. * $p \leq .005$, ** $p \leq 0.0001$.

Table 6

TG AIM, and CSES Means for Current Study, Sjoberg et al. and Sánchez & Vilain

	Gender at Birth				
	Female	Male	Total	*Sjoberg et al. (2006)*	*Sánchez & Vilain (2009)* [a]
TG AIM Total	22.86 (7.60)	25.71 (8.24)	23.67 (7.85)	25.4°◎ (6.7)	
Reorientation	9.88⊙ (4.41)	12.64° (3.86)	10.64 (4.24)	12.1°◎ (4.3)	
Psychosocial Impact	5.80 (2.72)	5.90 (3.33)	5.83 (2.88)	6.4◎ (2.9)	4.92° (3.05)
Gender-Related Fears	7.26 (3.58)	7.45 (3.84)	7.31 (3.64)	7.0 (3.6)	6.32° (4.54)
CSES- Membership	19.26 (5.55)	20.75 (6.27)			23.64°⊙ (4.71)
CSES- Public	14.72⊙ (4.85)	11.86° (3.94)			17.53°⊙ (4.89)
CSES- Identity	17.50 (5.74)	18.46 (5.81)			14.64°⊙ (6.40)
CSES- Private	21.00 (4.53)	21.18 (4.87)			22.06° (6.55)

Note.
°Significant from Female ⊙Significant from Male ◎Significant from Total [a] In Sánchez & Vilain's study, a higher score indicated more fear or adverse impact. Whereas in the present study and Sjoberg et al., a lower score on the subscales indicated more fear or adverse impact.



	Female	Male	MtF	FtM	TS	Gender Queer	Andro.	Third Gender	Two-Spirit	Masc. Female	Fem. Male	Cross Dresser	Drag King/ Queen	Aggres.
Male	69	6.9	55.2	0	65.5	10.3	3.4	13.8	10.3	6.9	3.4	3	0	0
Female	2.5	64.6	3.8	44.3	32.9	31.6	19	2.5	1.3	9.2	11.4	3.8	6.3	2.5

Figure 1. Percentage of Individuals who Identify "Strongly" for Given Gender Identity. Male = Male Identified at Birth, Female = Female Identified at Birth. TS = Transsexual; Andro. = Androgynous; Masc. Female = Masculine Female; Fem. Male = Feminine Male; Aggres. = Aggressive.